SCANNING SUBMITTAL FORM (Please print all requested information clearly in block letters)

Date: 01-02-2013

Instructor name (required): JEFF JONES  Instructor ID (required): 1001001001

Department (required): MATH    Telephone number (required): X6-1001

Course ID (required for test scanning): MATH 1301-001

Email address where results will be sent (required and must be a UTA faculty/staff email address):

JONES@uta.edu

[ ] Data Entry  (Enter filename for output in the comments section below)

[✓] Test scanning (Choose below the information you want printed on student test reports.)

(  ) Student scores only

(✓) Student scores, which questions missed, student response to questions missed, and correct answer to questions missed

For tests, what is the number of the last item bubbled in on the key? 10

Comments:

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Person(s) who may pick up scanned sheets after they have been processed (if other than the instructor):

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of person who picks up the processed scan sheets with date (required):

________________________________________________________________________  Date: ____________________

MUST SHOW PHOTO ID!!  [BAG # _______ ]